

This EZ-app Guide is designed to help you understand what information is needed when completing an application for insurance in EZ-app. It is not an application. When completing the actual application for insurance, either in paper or in EZ-app, all questions must be asked of, and answered by, the Proposed Insured(s) and/or Proposed Owner(s).

Application type:

- Life & Disability Income *(Review all sections)*
- Life only *(Review sections A-F)*
- Disability Income only *(Review sections A-B & G-H)*

A – Proposed Insured Information

Full name: _____ Gender: Male Female

Date of birth: _____ Birth state: _____

SSN/ITIN: _____

Residential address: _____

Phone 1: _____ Home Work Cell Best time to call: _____

Phone 2: _____ Home Work Cell Best time to call: _____

Email 1: _____

Email 2: _____

Type of citizenship: Resident U.S. citizen Non-resident U.S. citizen Resident alien Other: _____

Additional Citizenship Information (Non-U.S. Citizens only): Country of citizenship: _____

Type of visa: _____ How long have they lived in the U.S. on a full time basis? _____

What members of their immediate family are full time residents in the U.S. or citizens of the U.S.? _____

B – Personal History

More information will need to be provided at time of application if the Proposed Insured:

- Is currently disabled or applying for any disability benefits
- Has used tobacco or other nicotine containing products (e.g. cigarettes, e-cigarettes, pipes, cigars, snuff, chewing tobacco or nicotine delivery device such as gum or the patch) within the last 24 months
- Has ever been convicted of a felony, or is currently on parole or probation
- Has been convicted of operating a motor vehicle while under the influence within the last 5 years
- Has been found at fault in a motor vehicle accident, convicted of a moving violation or received a driver's license restriction or revocation (e.g. speeding ticket, suspended license, reckless driving or careless driving) within the last 3 years
- Has any recent/anticipated foreign travel
- Has any recent/anticipated military involvement
- Has any recent/anticipated aviation experience (e.g. pilot, student pilot, crew member)
- Has any recent/anticipated avocation participation (e.g. extreme sports)

B – Personal History (Continued)

Physician name: _____

Physician address: _____

Date/timeframe/reason last seen: _____

Occupation & job duties: _____

Employer name & address: _____

Annual earned income: \$ _____ Prior year: \$ _____

Annual unearned income: \$ _____ Prior year: \$ _____

Net worth: \$ _____

If juvenile, list all family members (including siblings, parents and legal guardians). For coverage, provide the total life insurance currently applied for or now in force with MassMutual or other companies. If none, more information will need to be provided at time of application.

Relationship	Name	Age	Group Coverage	Non-Group Coverage
			\$	\$
			\$	\$

C – Owner Information (Life only; information needed if Proposed Owner is not Proposed Insured)

Full name: _____ Gender: Male Female

Date of birth/date of Trust: _____ Relationship to Insured: _____

Trustee: _____

Residential/legal address: _____

D – Beneficiary Information (Life only)

Beneficiary 1	Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Not sure
Full name: _____	
Date of birth/date of Trust: _____	Relationship to Insured: _____
Residential address: _____	
Beneficiary 2	Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Not sure
Full name: _____	
Date of birth/date of Trust: _____	Relationship to Insured: _____
Residential address: _____	
Beneficiary 3	Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Not sure
Full name: _____	
Date of birth/date of Trust: _____	Relationship to Insured: _____
Residential address: _____	

E – Supplemental Information for Proposed Insured (Life only)

If any of the questions below are answered Yes, additional information will be required at time of application:

- Have they been treated for, or had treatment recommended by, a health professional for cancer, heart attack, heart disease, chest pain, stroke, alcohol or drug use or immune system disorder within the past two years? Yes No
- Have they been admitted to a hospital or medical facility, been advised to be admitted, or had surgery performed or recommended by a health professional other than for a normal pregnancy or childbirth within the past 90 days? Yes No
- Have they had medical tests or examinations scheduled in the next 90 days except for pregnancy or childbirth? Yes No

F – Other Life/Annuity Coverage on Proposed Insured (Life only)

Policy # & Company	Face Amount	Product	Issue Yr.	Purpose	Status	Replace	1035x
	\$			<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Applied for <input type="checkbox"/> In force	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$			<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Applied for <input type="checkbox"/> In force	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

G – Supplemental Information for Proposed Insured (Disability Income only)

What percent of their duties include physical activity (e.g. climbing, crouching, lifting, etc.)? _____

What state do they work in? _____ How long have they worked for their current employer? _____

If less than 2 years, what was their previous occupation and duration of employment? _____

How many hours per week, on average, do they work? _____ For the past 90 days, have they been continuously at work? Yes No

If no, provide details of missed work, reduced hours or job restrictions/modifications: _____

Is additional contributory group disability income coverage available through their employer? Yes No Not sure

If yes, do they have plans to participate in the future? Yes No Not sure

H – Other Disability Income Coverage on the Proposed Insured (Disability Income only)

Company	Type*	Issue Year	Monthly Benefit Amount	Benefit Period	Waiting Period	Employer Pay?	Being Replaced?	Replacement Date
			\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Type of plan: Individual (I), Group (G) or Association (A)

* Reminders!

At time of application, be sure to have the following on hand:

- Government issued ID (e.g. U.S. driver's license, passport, etc.)
- If setting up PAC for recurring payments, bank name, bank account number and routing number

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.

Use this questionnaire when applying for a Life insurance product (excluding VUL and VL) in the state of New York (contract state).

A Policy Information

- 1. Policy number: _____
- 2. Proposed Policy Owner full legal name (First, MI, Last, Suffix): _____
- 3. Owner date of birth (mm/dd/yyyy): _____
- 4. Insured name (First, MI, Last, Suffix): _____
- 5. Insured date of birth (mm/dd/yyyy): _____

B Owner Information

1. Will the policy be owned by the Insured and/or Insured's spouse? Yes No

If Yes, skip to section C – Product Information. If No, answer question 2.

2. Ownership type (Select one):

<input type="checkbox"/> Grandparent(s)
<input type="checkbox"/> Parent(s)
<input type="checkbox"/> Qualified Plan (If selected, do not complete the rest of this form.)
<input type="checkbox"/> Business Employer a. Will this policy be used to fund a non-qualified deferred compensation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do not complete the rest of this form.
<input type="checkbox"/> Trust (Not including qualified plan trust) b. Is the trust a revocable trust? <input type="checkbox"/> Yes (Answer below): i. Is the grantor/settlor the Insured or the Insured's spouse? <input type="checkbox"/> Yes (Complete this form answering for the household of the Insured and Insured's spouse.) <input type="checkbox"/> No (Do not complete the rest of the form and consult advanced sales.) <input type="checkbox"/> No (Answer below): ii. Is the Insured/Insured's spouse planning to fund the trust (by gift or otherwise) to pay the life insurance premiums? <input type="checkbox"/> Yes (Complete this form answering for the household of the Insured and the Insured's spouse.) <input type="checkbox"/> No (Answer below): iii. Are current trust assets expected to be used to pay the premium? <input type="checkbox"/> Yes (Do not answer the rest of this questionnaire. The trust supplemental form will need to be completed.) <input type="checkbox"/> No (Do not complete the rest of the questionnaire and consult advanced sales.)
<input type="checkbox"/> LLC/Partnership (Including Limited Partnerships and Limited Liability Partnerships) c. Is the primary purpose of the LLC/Partnership for personal planning? <input type="checkbox"/> Yes (Answer below): i. Is the Insured a member or partner of the LLC/Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, proceed with questionnaire based on Insured's household information. If No, attach the Business Financial Supplement.) <input type="checkbox"/> No (Attach the Business Financial Supplement.)
<input type="checkbox"/> Other Entity
<input type="checkbox"/> Other Individual Owner (Relationship to Insured): _____
<input type="checkbox"/> Joint Owner (Select primary) (Relationship to Insured): _____

C Product Information ::

1. Select a plan type and complete the additional information for the plan type selected:

Plan type (Select one):

Complete additional information for selected plan type:

<input type="checkbox"/> Term	Select one: <input type="checkbox"/> Vantage Term Annual Renewable Term (ART) <input type="checkbox"/> Vantage Term 25 <input type="checkbox"/> Vantage Term 20 ECP <input type="checkbox"/> Vantage Term 10 <input type="checkbox"/> Vantage Term 30 <input type="checkbox"/> Vantage Term 25 ECP <input type="checkbox"/> Vantage Term 15 <input type="checkbox"/> Vantage Term 15 ECP <input type="checkbox"/> Vantage Term 30 ECP <input type="checkbox"/> Vantage Term 20 Do you intend on converting this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain (Want to preserve the option)
<input type="checkbox"/> Whole (WL)	Select one: <input type="checkbox"/> Whole Life Legacy 100 <input type="checkbox"/> Whole Life Legacy 12 Pay <input type="checkbox"/> Whole Life Legacy 65 <input type="checkbox"/> Whole Life Legacy 10 Pay <input type="checkbox"/> Whole Life Legacy 20 Pay <input type="checkbox"/> Whole Life Legacy High Early Cash Value <input type="checkbox"/> Whole Life Legacy 15 Pay <input type="checkbox"/> Survivorship Whole Life Legacy Riders selected (If applicable): <input type="checkbox"/> ALIR <input type="checkbox"/> LISR <input type="checkbox"/> RTR <input type="checkbox"/> LTC Access (If selected, answer below): Is existing Long Term Care coverage being replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, answer below): Existing coverage monthly benefit: \$ _____ Existing coverage benefit period (years): _____ Existing coverage premium: \$ _____
<input type="checkbox"/> Care Choice One <input type="checkbox"/> Care Choice Select	Is existing Long Term Care coverage being replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, answer below): Existing coverage monthly benefit: \$ _____ Existing coverage benefit period (years): _____ Existing coverage premium: \$ _____
<input type="checkbox"/> Universal Life (UL)	Select one: <input type="checkbox"/> UL Guard <input type="checkbox"/> SUL Guard Will the premium be paid by a single premium payment? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Primary purpose of insurance (Select one):

- Income Replacement (Replace current and future income that would be lost with the death of the Insured, including paying off debts and liabilities such as mortgage, student loans, etc.)
- Legacy (heirs, charitable) (Provide significant funds to the Insured's estate, surviving spouse and heirs or for charitable purposes on the death of the Insured. The life insurance is often part of larger estate, asset protection or charitable giving planning.)
- Protect Future Insurability (Lock in coverage at an amount and rating based on the Insured's current health; protect in the event the Insured develops diseases, injuries, illnesses or other adverse medical conditions that prevent the Insured from obtaining future insurance.)
- Tax-Deferred Cash Accumulation (Generate long term cash accumulation from the payment of premiums on a tax-deferred basis, with the goal of having access to cash values available in the future.)
- Supplemental Retirement Savings (Generate long term cash accumulation from the payment of premiums on a tax-deferred basis, with the goal of taking distributions from the policy in retirement to supplement other retirement sources.)
- Access to Cash / Financial Needs (Assist with significant/major purchases or expenses, i.e. purchase of a home, medical expenses.)
- Long Term Care (Cover long term care expenses, with the ability to provide funds to surviving heirs on the death of the Insured if long term care coverage is not fully used.)
- Pay Final Expenses (Cover final expenses, with the ability to provide funds to pay funeral costs and other debts of the Insured.)
- Business Related (Provide coverage for the loss of a business partner but the funding is provided by the individual.)
- Estate Taxes (Pay state and federal taxes of the estate at the time of death.)

3. Anticipated time coverage is needed (Select one): 0-10 years 10-20 years 20-30 years Lifetime

D Ownership/Premium Payor Information :::::::::::::::

1. Will the policy premium be paid by the Insured and/or the Insured's spouse? Yes No

If No, answer 1a & 1b.

a. Premium Payor name: _____

b. Relationship (Select one):

- Grandparent(s)
- Parent(s)
- Trust → Date of Trust: _____
- Other entity (e.g., Corp., LLC, partnership)
- Business/Employer
- Joint Owners (Select primary) → Relationship to Insured: _____
- Gift → I understand that I am responsible for paying the premium if the gift does not continue?

2. Is this a replacement? Yes No

If Yes, complete 2a - 2f.

a. Will you incur a surrender charge on any of the policies being replaced? Yes No

b. Have you had a replacement of this or another life insurance policy in the past 36 months? Yes No

If Yes, when? Less than 1 year 1-2 years 2-3 years

c. Do any of the existing policies have a loan? Yes No

d. Will you incur a tax liability as a result of any of the transactions? Yes No

e. Are you giving up any valuable benefits or riders by replacing these policies? Yes No

If Yes, complete 2f.

f. What riders/benefits are not being carried over for the new policy? (Select all that apply)

- Waiver of Premium
- Guaranteed Insurability/Additional Purchase option
- Spouse/Child coverage/purchase rider
- Chronic illness rider

3. Do you have any dependents? Yes No

If Yes, complete 3a.

a. What is the relationship of the dependent(s)? (Select all that apply)

- Spouse
- Child(ren)
- Parent(s)
- Disabled family member
- Other (Specify): _____

E Financial Information ::

For revocable trust, use the grantor's financial information.

1. Source(s) of premium (Select all that apply):

<input type="checkbox"/> Earned Income (individual or household)	
<input type="checkbox"/> Non-Retirement Savings	
<input type="checkbox"/> Investment/Unearned Income	
<input type="checkbox"/> Premium Financing/Borrowing	
<input type="checkbox"/> Gift/Inheritance	
<input type="checkbox"/> Withdrawals from Retirement Account (e.g., 401(k)/IRA)	Will there be a 10% tax penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No Has there or will this be a hardship withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be a surrender charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the surrender charge amount: \$
<input type="checkbox"/> Pension/Social Security	
<input type="checkbox"/> 1035 of Existing Life Insurance	Provide the 1035 exchange amount: \$ Will there be a surrender charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the surrender charge amount: \$
<input type="checkbox"/> Single Premium Program (SPP)	
<input type="checkbox"/> Annuitization or Surrender of Deferred Annuity	Will there be a surrender charge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the surrender charge amount: \$
<input type="checkbox"/> Policy Loan	
<input type="checkbox"/> Trust Distribution	

2. Financial experience - Not applicable for Term (Select one choice for **each** investment experience):

Investment Experience	None	Limited	Extensive
Securities (Stocks, Bonds, Mutual funds, ETFs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Value Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments (Commodities, REITS, Limited Partnerships, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Financial objectives (Select up to 3 objectives):

- | | |
|---|---|
| <input type="checkbox"/> Family protection (Protect family in the event of death) | <input type="checkbox"/> Long term cash accumulation |
| <input type="checkbox"/> Long Term Care (Financially prepare to pay for long term expenses in the future) | <input type="checkbox"/> Paying for child(s) education expenses |
| <input type="checkbox"/> Saving for retirement | <input type="checkbox"/> Wealth preservation |
| <input type="checkbox"/> Significant purchase (e.g., home) | <input type="checkbox"/> Providing executive benefits for key employees |
| <input type="checkbox"/> Business start-up / operations | <input type="checkbox"/> Planning for the future |

F Income, Asset & Expense Information:

1. Does the Proposed Owner have a household net worth greater than \$20 million? Yes No
2. Annual household income (*Types of income: Earned (Gross salary, commissions, bonuses); Unearned (Inheritance, pension, social security); Investment (Dividends, interest, rental):* \$ _____
3. Estimated tax bracket (*Select one*): 0% 10% 15% 20% 30% 40%
4. Current employment status (*Select one*):
 Employed Retired Homemaker Student Unemployed Permanent Disability
5. Are you contributing to a retirement plan? Yes No

Liquidity Needs & Financial Situation

6. Do you intend to or have an outstanding reverse mortgage? Yes No
7. Do you anticipate any major/large purchases or expenses in the next 1-5 years, such as purchasing a home, home renovations, school tuition, etc.? (*If Yes, complete 7a*) Yes No
 a. Anticipated amount: \$ _____

8. Duration of existing liabilities and obligations (*Total amount*):

Liability or Obligation	Total Outstanding	Remaining Duration (<i>Select one per Liability/Obligation</i>)
Home Mortgage (+)	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs
Student Loans	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs
Credit Card (+)	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs
Other Personal Loans (<i>Specify</i>):	\$ _____	<input type="checkbox"/> 0-5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> 15-20 yrs <input type="checkbox"/> 20+ yrs

9. Total monthly household expenses (*Other than life insurance premiums. Include all expenses such as housing/mortgage, food, student loans, child care, health insurance and other debts. Include regular expenses such as utilities, phone, cable etc.*):
 \$ _____

Assets / Net Worth

10. Owner's household net worth: \$ _____
11. Liquid household assets (*MassMutual will calculate your liquid net worth based on the liquid assets below*):

Asset Type	Explanation	Amount
Savings, Checking, Money Market Accounts	Cash, cash equivalents, CDs available without surrender charge, stocks/bonds readily convertible without penalty	\$ _____
Tax Qualified Retirement Accounts (<i>If over age 59½</i>)	Provided Owner is at least 59½ and funds can be accessed without tax penalty	\$ _____
Stocks, Bonds, Mutual Funds (<i>If no CDSC or penalty</i>)	Provided mutual fund is outside (or near the end of) the CDSC period, readily convertible to cash without penalty and not part of a qualified plan	\$ _____

12. Illiquid household assets:

Asset Type	Explanation	Amount
Real Estate and/or Primary Residence	Primary Residence	\$ _____
Tax Qualified Retirement Accounts (<i>If under age 59½</i>)		\$ _____
Cash Value Life Insurance		\$ _____
Personal Property	Art, collectibles, etc.	\$ _____
Commodities	e.g. Gold, precious metals	\$ _____
Illiquid (Restricted) Securities		\$ _____

G Life Insurance Coverage & Cost Information: ::

Complete this section for this policy, other insurance applied for and policies already in force. Do not include employer paid.

1. Total Premium that will be paid for this life insurance policy (Including base policy and all riders other than unscheduled ALIR or LISR lump sum):
 - a. Proposed Annual Premium for all new policies (including riders): \$ _____
 - b. Face amount (including riders): \$ _____
2. Are there policies in force or being applied for that are not being replaced by this policy? Yes No If Yes, answer 2a & 2b:
 - a. Total face amount: \$ _____
 - b. Total annual premium: \$ _____
3. Is unscheduled ALIR chosen? Yes No If Yes, answer 3a & 3b:
 - a. Amount of unscheduled payment: \$ _____
 - b. Will a 1035 exchange be a source of payment? Yes No If Yes, provide 1035 exchange amount: \$ _____
4. Is unscheduled LISR chosen? Yes No If Yes, answer 4a & 4b:
 - a. Amount of unscheduled lump sum: \$ _____
 - b. Will a 1035 exchange be a source of payment? Yes No If Yes, provide 1035 exchange amount: \$ _____
5. Annual premium/cost of any other life insurance policies that the household is paying for: \$ _____

H Risk Tolerance ::

1. Select the risk level regarding premium and death benefit that best describes your situation (Complete for Whole, Term and Universal Life products only. If a CareChoice product was selected, skip to question 2.):

Risk tolerance about premiums	<input type="checkbox"/> Desires guaranteed level premium for required payment period with no premium flexibility. <input type="checkbox"/> Desires guaranteed level premium for required payment period, but wants the ability to utilize non-guaranteed dividends and cash values to pay premiums at some point in the future. <input type="checkbox"/> Desires flexibility regarding paying premiums now, but willing to accept increasing and/or higher premiums in the future. <input type="checkbox"/> Desires low premium payments now, but willing to accept increasing and/or higher premiums in the future to maintain coverage.
Risk tolerance about death benefit	<input type="checkbox"/> Desires a guaranteed death benefit for a specified number of years only. <input type="checkbox"/> Desires a guaranteed permanent death benefit for life. <input type="checkbox"/> Desires a guaranteed permanent death benefit but desires opportunity for increasing death benefit based on non-guaranteed dividends. <input type="checkbox"/> Desires permanent death benefit, but willing to accept limited or no guarantees for premium flexibility.
Risk tolerance about Long Term Care	<input type="checkbox"/> Willing to accept potentially fewer long-term care benefits compared to a standalone LTC policy in order to have access to cash value growth and death benefit if LTC benefit not used. <input type="checkbox"/> Desires richest LTC benefits compared to a Life/LTC combo product with no desire for death benefit or cash value accumulation.

2. Select the risk level regarding premium and death benefit that best describes your situation (Complete for CareChoice products only):

Risk tolerance about premiums	<input type="checkbox"/> Desires single premium to avoid future premium increases. <input type="checkbox"/> Desires guaranteed level premium over a period of years instead of single premium, but unwilling to accept risk of future premium increases rather than level premiums. <input type="checkbox"/> Desires premiums over a period of years and willing to accept future premium increases.
Risk tolerance about death benefit	<input type="checkbox"/> Desires an opportunity for death benefit if LTC benefits not used. <input type="checkbox"/> Does not desire a death benefit or cash value accumulation.
Risk tolerance about Long Term Care	<input type="checkbox"/> Willing to accept potentially fewer long-term care benefits compared to a standalone LTC policy in order to have access to cash value growth and death benefit if LTC benefit not used. <input type="checkbox"/> Desires richest LTC benefits compared to a Life/LTC combo product with no desire for death benefit or cash value accumulation.

I Understanding of Non-Guaranteed Elements ::

Check the boxes below:

For Term insurance – ART only:

1. I understand that premiums will increase each year.

For Term (all except ART) only:

2. I understand if I keep the policy after the level guarantee period my premiums will be substantially higher and will increase each year. . .

3. I understand that the insurance coverage is not permanent and that at the end of the term I may not be insurable.

For RTR only:

4. I reviewed an illustration showing the premiums for the Renewable Term Rider.

5. I understand that premiums for the Renewable Term Rider component of the policy will increase each year.

6. I understand that current premiums for the Renewable Term Rider are not guaranteed and can go up to the maximum guaranteed premiums shown in the current Illustration.

For LTC Access Rider only:

7. I reviewed an illustration showing the premiums for the LTC Access Rider.

8. I understand that current premiums for the LTC Access Rider are not guaranteed and can go up to the maximum shown in the Illustration.

For LISR only:

9. I reviewed an illustration showing how the Life Insurance Supplement Rider (LISR) works.

10. I understand that the LISR face amount is dependent on LISR premiums and paid up additions from dividends.

11. I understand that dividends shown in the illustration are not guaranteed.

12. I understand that if dividends are lower than shown in the Illustration, I may need to pay higher premiums to maintain the current LISR face amount.

13. I also understand that if the minimum LISR premium is not paid when due, the LISR face amount can decrease or terminate.

For all Whole Life only (For CareChoice One/Select, also answer questions 18-20):

14. I reviewed an illustration showing the non-guaranteed cash values for the whole life policy or policies applied for.

15. I understand the impact to policy values and death benefits if I use, withdraw or borrow policy cash values in the future to supplement retirement income, pay child's educational expenses, pay medical or long term care expenses or for other purposes.

16. I understand that future policy cash values as shown in the illustration are dependent on the payment of dividends and that dividends are not guaranteed.

17. I understand that future policy cash values may be lower if future dividends are lower and therefore I may not be able to access as much as I intend to today.

For CareChoice One/Select only:

18. I understand that long term care benefits after the four year benefit period are not guaranteed and are dependent on the payment of dividends and that dividends are not guaranteed.

19. I understand that if future dividends are lower than illustrated, my long term care benefits after the four year benefit period will not last as long as illustrated.

20. I understand that if I elected to have Paid Up Additions available for Long Term Care benefits, if dividends are lower than shown in the Illustration, amounts available for LTC benefits after the 4-year guaranteed period will be lower than illustrated.

For UL Guard/SUL Guard (Guaranteed UL) only:

21. I reviewed a policy presentation showing the guaranteed death benefit and guaranteed premium.

22. I understand that I must pay the guaranteed premium for the period of years identified in order for the death benefit to be guaranteed. . .

23. I understand that if I do not pay the guaranteed premium in the time frame required, then the policy guarantees will terminate.

24. I understand that if I take loans or otherwise access cash values in this policy, my policy guarantees will terminate.

25. I understand that I may be required to pay higher premiums in the future in the event the policy's guarantees terminate.

J Agreements & Signatures ::

Producer Signature

Producer Attestation. By signing this questionnaire, I acknowledge that I am recommending the purchase of this MassMutual life insurance policy. I understand that MassMutual will rely on my attestation in order to approve this policy.

I acknowledge that:

- I have evaluated the suitability information in this questionnaire and determined that the purchase of this policy is suitable and in the Owner's best interest.
- The purchase of this policy is consistent with, and in furtherance of, the needs and objectives of the Owner and the Owner will benefit from the policy and its features.
- I have explained the premium requirements and commitment for this policy and described to the Owner that changes in non-guaranteed values could impact policy cash values or death benefit.
- I have informed the Owner of the various features of the policy and potential consequences of the transaction, both favorable and unfavorable.
- I have provided a summary of the relevant suitability considerations and product information that provide the basis for my recommendation.
- I provided an illustration for the policy being applied for, including the Important Facts about the policy.
- If this purchase involves a replacement, I have reviewed with the Owner the costs and benefits associated with the existing policy and the proposed policy.

Suitability Summary Disclosure. In the following section, provide specific information tailored to the client's overall financial situation and why you feel they will benefit from this recommendation. If this transaction is a replacement, explain why the new contract puts the client in a better position.

1. Please provide the favorable suitability considerations for this transaction. *(For example, provides guaranteed interest rate or provides guaranteed life time income, etc.)*

[Empty text box for favorable suitability considerations]

2. Please provide the unfavorable suitability considerations for this transaction. *(For example, loss of liquidity, loss of income, loss of riders, impact of costs, etc.)*

[Empty text box for unfavorable suitability considerations]

3. Please provide the basis for your recommendation and the facts and analysis that support your recommendation.

[Empty text box for basis for recommendation]

Signature of Primary Producer: _____
Printed name: _____ Date: _____



J Agreements & Signatures *continued*

Owner Acknowledgment & Signature

By signing this form, I acknowledge that the financial representative has recommended the purchase of the policy I am applying for. I understand MassMutual will rely on the information I am providing in this questionnaire in order to approve the suitability of this policy.

I acknowledge that:

- I have accurately completed this questionnaire to the best of my knowledge.
- I have been reasonably informed of the various features of the policy and potential consequences of this purchase, both favorable and unfavorable.
- I have received a summary of all relevant suitability considerations and product information that provide the basis for the financial representative's recommendation.
- I have received an illustration for the policy I am applying for, including the Important Facts about the policy.
- I understand the premium requirements for this policy and have the financial ability to meet the financial commitments under the policy.
- The purchase of this policy is consistent with, and in furtherance of, my needs and objectives and I will benefit from the policy and its features.
- If this purchase involves a replacement, I have carefully compared the costs and benefits associated with my existing policy and the proposed policy.
- I am willing to proceed with the purchase of this policy understanding there could be changes in non-guaranteed values that could impact my premiums, cash value or death benefit.

▶ Signature of Owner: _____
Printed name: _____ Date: _____
Title (If applicable): _____

▶ Signature of Joint Owner (If applicable): _____
Printed name: _____ Date: _____

